

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

11-575446

FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51							
2	/						52							
3	/						53							
4	/						54							
5	/						55							
6	/						56							
7	/						57							
8	/						58							
9	/						59							
10	/						60							
11	/						61							
12	/	1					62							
13	/						63							
14	/						64							
15	/						65							
16	/						66							
17	/						67							
18	/						68							
19	/						69							
20	/						70							
21	/						71							
22	/						72							
23	/						73							
24	/	1					74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
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39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS	24						TOTAL CLAIMS							

2

2

2

2

2

2

24

2

2

2

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